

SERIAL NUMBER 09/233,394	FILING DATE 01/19/99	CLASS 623	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. KNX1USA
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APPLICANT

GLENN W. KNOX, JACKSONVILLE, FL.

CONTINUING DOMESTIC DATA***

VERIFIED

None

371 (NAT'L STAGE) DATA***

VERIFIED

None

FOREIGN APPLICATIONS***

VERIFIED

None

FOREIGN FILING LICENSE GRANTED 02/03/99

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials <i>[Signature]</i> Initials <i>[Signature]</i>					

ADDRESS	HOWSON AND HOWSON SPRONG HOUSE CORPORATE CENTER P O BOX 457 SPRING HOUSE PA 19477 <i>#8</i>	<i>Peter J. Devlin</i> <i>F. Sh. & Richardson P.C.</i> <i>225 Franklin Street</i> <i>Boston, MA 02110-2804</i> <i>#</i>	<i>Joel R. Petrow</i> <i>Smith & Nephew North America</i> <i>1450 Brocks Road</i> <i>Memphis, TN 38166</i>
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TITLE	OTOLOGIC PROSTHESES
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FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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